) YES





DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATIONS

(XX) Original () Supplemental () Substitute () PCT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CARBOXYALKENAMIDOCEPHALOSPORINS which is described and claimed in: (X) the attached specification, or) the specification in the application Serial No. filed and with amendments through (if applicable),) the specification in International Application No. PCT/ , filed , and as amended on (if applicable). I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, \$1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, \$119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: COUNTRY DATE OF FILING PRIORITY APPLICATION NO. CLAIMED 186601/1983 Japan October 4, 1983 (XX) YES () NO 18563/1984 February 3, 1984 (XX) YES) NO 100890/1984 Japan May 18, 1984) NO) NO

I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

SERIAL NO.	U.S. FILING DATE	STATUS		
656,731	October 1, 1984	() Patented (XX) Pending () Abandoned		
		() Patented () Pending () Abandoned		
	- wil	() Patented () Pending () Abandoned		

And I hereby appoint V. M. Creedon, Reg. No. 1711, John T. Miller, Reg. No. 21120, John T. Fedigan, Reg. No. 2434T, Michael R. Davis, Reg. No. 25134, Matthew M. Jacob, Reg. No. 25154, and Jeffrey Nolton, Reg. No. 25408, who together constitute the firm of WENDEROTH, LIND & PONACK, jointly and severally, attorneys to prosecute this application and to transact all business in the Patent Office connected therewith.

Send Correspondence to:

Direct Telephone Calls to:

WENDEROTH, LIND & PONACK 1750 Pennsylvania Avenue, N.W.

Washington, D.C. 20006

WENDEROTH, LIND & PONACK Area Code (202) 393-5150

SECOND GIVEN NAME FULL NAME OF 1ST INVENTOR HAMASHIMA YOSHIO SPATE OR COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP Kyoto Japan Japan 26-20, Hitsujisaru-cho, Kyoto-shi STATE OF COUNTRY ZIP CODE POST OFFICE ADDRESS Katsura, Nishikyo-ku, Kyoto Japan 615 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP ADDRESS CITY STATE OR COUNTRY ZIP CODE POST OFFICE ADDRESS FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP ADDRESS CITY STATE OR COUNTRY ZIP CODE POST OFFICE ADDRESS FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF ATH INVENTOR STATE OR COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP ADDRESS CITY STATE OR COUNTRY ZIP CODE POST OFFICE ADDRESS FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF STATE OR COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP ADDRESS CITY STATE OR COUNTRY ZIP CODE POST OFFICE ADDRESS FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF 6TH INVENTOR STATE OR COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP ADDRESS CITY STATE OR COUNTRY ZIP CODE

I further declare that all statements made herein of my own knowledge are true, and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

POST OFFICE ADDRESS

lst	Inventor Joshio Hamahima	Yoshio Hamashima)	Date_	March	7,	1985	
2nd	Inventor		Date_				
3rd	Inventor	-	Date_				
4th	Inventor		Date_				
5th	Inventor		Date_			****	
6th	Inventor		Date				

TOX